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CONFIRMATION NO. 2802

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/965,473 | FILING DATE<br>09/26/2001<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3733 | ATTORNEY DOCKET NO.<br>P1046 US |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *pr*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *pr*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/26/2001

|   |                                |                        |                       |                            |
|---|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IRELAND | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>John E. Biden</i> Initials <i>pr</i>   |                                |                        |                       |                            |

## ADDRESS

Medtronic AVE, Inc.  
3576 Unocal Place  
Santa Rosa , CA  
95403

## TITLE

Stent delivery catheter with grooved balloon and methods of making same

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>920 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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